

PUBLIC PROTECTION CABINET
OFFICE OF OCCUPATIONS AND PROFESSIONS
KENTUCKY BOARD OF HOME INSPECTORS
P.O. BOX 1360
FRANKFORT, KENTUCKY 40602
Tel: 502 564-3296, Fax 502.564-4818



APPLICATION FOR LICENSURE AS A KENTUCKY HOME INSPECTOR

FOR OFFICE USE ONLY	
LICENSE FEE:	
DATE FEE PAID:	
RECEIPT NUMBER ISSUED:	
DATE LICENSE ISSUED:	
LICENSE OBTAINED BY:	

PLEASE ATTACH ONE
2" x 2" PASSPORT COLOR
PHOTOGRAPH HERE

(See Instructions)

ALL INFORMATION ON THIS FORM MUST BE TYPED OR CLEARLY PRINTED

APPLICANT INFORMATION			
Name (last, first, middle, maiden or previous)		Business/Company Name if applicable	
Current Address (number, street or rural route – cannot be post office box or mail drop)			
City	County	State	Zip Code
Permanent Address (IF DIFFERENT FROM ADDRESS ABOVE)			
City	County	State	Zip Code
Work Telephone No. (include area code)	Home Telephone No. (include area code)	Cell Telephone No. (include area code)	
E-mail Address		Date of Birth (month, day, year)	

NOTE: AS PART OF THE APPLICATION PROCESS, APPLICANT SHALL SUBMIT A COPY OF A STATE-WIDE BACKGROUND CHECK PREPARED BY A STATEWIDE LAW ENFORCEMENT AGENCY (IN KENTUCKY THIS IS THE KENTUCKY STATE POLICE)

METHOD OF OBTAINING LICENSE

STANDARD APPLICATION

- ☐ I am applying for licensure via successful completion of an approved pre-licensing course and passing of the approved national examination

THE ALTERNATIVE REQUIREMENT LICENSING (KRS 198B.736) WILL EXPIRE ON JANUARY 1, 2007

- ☐ I am applying for licensure via **Alternative Requirement (NOTE: Application must be submitted by December 29, 2006).**
- ☐ I have been engaged in the practice of home inspections for at least one year prior to July 13, 2004 and document five such inspections, one of which is attached; **AND**
- ☐ I have completed and document at least twenty-five (25) home inspections completed for compensation in the previous twelve (12) months and one completed home inspection is attached; **OR**
- ☐ I have completed and document at least one hundred (100) home inspections for compensation during my career and one completed home inspection is attached.

NON-RESIDENT LICENSEE (KRS 198B.716)

- ☐ I am applying for licensure via the **Non-Resident License and will agree to:**
- ☐ Meet the requirements of KRS 198B.700-738 and file with the Board a written consent stating that:
- a. Applicant agrees to the commencement of any action arising out of the conduct of applicant's business in Kentucky in the county in which the events rise to the cause of action occurred;



- b. Agrees to provide the Board the name and address of an agent to receive service of process in Kentucky; OR
- c. Consents to the Board acting as the applicant's agent for the purpose of receiving service if:
 - 1. An agent's name and address have not been filed with the board; OR
 - 2. The agent's name and address on file with the Board are incorrect; AND
- d. Applicant agrees that service of process in accordance with the Rules of Civil Procedure is proper service and subjects the applicant to the jurisdiction of the Kentucky courts.

RECIPROCITY FOR LICENSEES OF OTHER STATES KRS 198B.714 (INDIVIDUALS MOVING TO KENTUCKY)

- ☐ I am applying for licensure via waiver under the following:
- a. The jurisdiction the individual is moving from grants the same privileges to licensees of Kentucky;
 - b. The person is licensed in the other jurisdiction;
 - c. The licensing requirements of the other jurisdiction are substantially similar to the requirements of KRS 198B.7.00 to KRS 198B.738; AND
 - d. The person states that he or she has studied, is familiar with, and will abide by KRS 198B.700 to 198B.738 and the administrative regulations promulgated by the Board.

EDUCATION INFORMATION

Have you graduated from high school or obtained a GED? ☐ YES ☐ NO (Please provide information below)

Name of School	Location (city and state)	Diploma /GED Date / /
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PRE-LICENSING COURSE INFORMATION

Have you completed a Board-approved pre-licensing course? ☐ Yes ☐ No (Please provide information below)

APPLICANTS MUST ATTACH AN ORIGINAL OR COPY OF THEIR CERTIFICATE OF COURSE COMPLETION. (If you are applying for licensure via reciprocity or under the Alternative Licensing (grandfathering) provision, then you are not required to submit this certificate or complete this section)

Name of Course Provider(s)		Provider (registration or approval) number(s)		Date Completed (month, day, year)	
				/ /	
Location (city, county and state):		Number of classroom credit hours completed:		Number of in-field training hours completed:	
				Test Score:	

CERTIFICATE OF INSURANCE

NOTE: APPLICANTS MUST ATTACH AN ORIGINAL OR COPY OF THEIR CERTIFICATE OF INSURANCE

Name of Insurance Provider	
Telephone Number of Insurance Provider: - -	Insurance Policy Number:

OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT

Do you now hold, or have you ever held, a license / certificate / registration / permit to practice or perform any regulated profession by a state or local licensing board?

☐ Yes ☐ No (If yes, list all state or local licenses below, including Kentucky) in which you have held license / certification / registration / permit in any state or local regulated profession.)

Type of License / Certificate / Registration / Permit	State/Local	License Number	Date Issued	Status
1.				
2.				
3.				
4.				
5.				

Please check the following and if your answer is yes, provide complete details:

Has disciplinary action ever been taken regarding any license, registration, certificate, or permit that you hold or have held? ☐ Yes ☐ No

If your answer is "yes" to any of the following, explain fully in a signed statement, including all related details such as the violation, date and disposition. Letters from attorneys are not accepted in lieu of your statement. Falsification of any of the following is grounds for denial or revocation of a license issued pursuant to this application.

1. Have you ever been convicted of, plead guilty under the Alford plea or nolo contendere to any misdemeanor or felony? ☐ Yes ☐ No

2. Are you currently, or have you ever been, listed on a national or state registry of sex offenders? ☐ Yes ☐ No

STANDARDS OF PRACTICE

I will use the most current edition of the selected standard of practice to perform home inspections until such time as the Kentucky Board of Home Inspectors adopts their own standard. Check ONLY one of the following:

- ☐ American Association of Home Inspectors (ASHI)
☐ National Association of Home Inspectors (NAHI)
☐ National Association of Certified Home Inspectors (NACHI)

APPLICANT AFFIRMATION

_____(Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Home Inspector License at this time.

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct. That all required documentation is attached. I further authorize the Kentucky Board of Home Inspectors to investigate and confirm the information submitted in this application.

Signature of Applicant

Date Signed (month, day, year)